

FAMILY , CAREER AND COMMUNITY LEADERS OF AMERICA

LOCK BOX OPERATIONS
DEPT. D
P.O. BOX 718
BALTIMORE, MD 21203-0718

Submit 2 copies of this form or a computer-generated reproduction with 2 copies of your Member Affiliation Form. Please verify that counts written on the Member Affiliation Form match the totals below and payment is for the number of students listed. There will be no substitutions of names.

School Name _____

City _____ ST _____ Zip Code _____

Chapter Name _____ Chapter # _____

Adviser _____

Student Name (Alphabetized by last name)	Grade	Male (M) or Female	Select only one * Comprehensive (C) or Occupational (O)
1.			
2.			
3.			
4.			
5.			
6.			
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19.			
20.			
21.			
22.			
23.			
24.			
25.			

*If left blank or incorrect, student will be designated comprehensive.

Total # Males _____ Total # Females _____

Total # Comprehensive _____ Total # Occupational _____